

Louisiana Department of Public Safety and Corrections
Public Safety Services
Corporate Liability “LaCarte” Purchasing Card Enrollment / Change Form

New ☐Change ☐

Delete/Close Cardholder Account #

Section I: To be completed by Cardholder:

Cardholder Name:

Employee Personnel ID#:

Budget Unit Name:

Section/Troop Name:

Home Address:

City, State, & Zip:

Business Phone #:

Section II: To be completed by Budget Unit Head

Agency Name:

Agency Number:

Section/Troop Organization Number:

Cardholder Authorization Limits (Please Select One)

Monthly Spending Limit with Single Transaction Limit:

☐ \$1,000.00 / \$500.00☐ \$5,000.00 / \$500.00☐ \$5,000.00 / \$1,000.00☐ \$10,000.00 / \$1,000.00☐ \$20,000.00 / \$1,000.00☐ \$ _____ / \$ _____ (Justification provided)

Cardholder Approver/Reviewer Name:

Budget Unit Head or Designee Name:

I approve the above named individual's request for a Louisiana “LaCarte” Purchase Credit Card.

Signature: _____

Date: _____

Budget Unit Head

Administrative Use Only:

Signature: _____

Date: _____

Program Administrator